



STE K250

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK

1101 S CAPITAL OF TEXAS HWY

WEST LAKE HILLS,TX 78730-5115

Agency: 529 TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number: 01078248

USAS Doc Number:

TCode: AP-225-STD

Origin: ONL

Payee ID/Check/Mail: 1760802397/8/000

Freight Amount:

\$0.00

Gross Amount (includes Frt.):

\$762,500.00

Discount Amt Taken:

\$0.00

						Paymen	t Amount: [_	\$	762,500.00
Line	PO ID PCC RTI	Invoice ID	- /		oice Desci		The second secon		AMOUN
1	0000088840 0	TPCN 12.	7 /	TPO	CN 12.7 (F	fulfill the terms of	contract)		\$762,500.0
<u>ShipTo</u> 2010	Contract #		Org PmtDt	<u>IC</u> R	<u>c</u>	Invoice DT: Inv Recv'd DT:	02/29/16	Reqt'd Pay DT:	04/30/16
	529-10-0013-00001	N	- J-	D	Class	Service DT:		PODT:	11/12/15
1.1	Account Entry Event 725300	<u>Fund</u> 0001	<u>Dept.</u> / 716	Program 5016	<u>Ciass</u> 03138	Budget Ref 2016	<u>Pri/Grant</u> TANF100	_	Amou
1.1	Open Item Key:	0001	/ 10	5016	03136	Conf:N	TANFIOL		\$762,500.0 fied Amt: 0.0
I appro	ptive Legal Text (DLT Comm oved this voucher for payment. T ere purchased. The invoice for t	The above g							
		Ph				MAR	2 8 2016	03/15	/2016
	Approved By		Approver	Phone(Area	+Number)	Date Ap	pproved	DateEntered Kulkarni,Anj	into HHSAS ali Narayan
	Approved By		Approver	· Phone(Area	ı+Number)	Date Ap	proved	Enter	ed By
	Contact Name		Contact	Phone(Area	+Number)				

Report ID: ACAP2577.rpt Database: FPRD529

Run Date: 03/15/2016, 01:20:17PM

Page 1 of 4

Prepared By: Kulkarni, Anjali Narayan

01078248 112314233

Contract Vendor Invoice Payment Request



Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

Invoice Date:	/-12/25/4			A		
Invoice Number:	ber: TPCN					
Dept. ID/Speedchart:	(716)					
Object Code:	(7253 99)					
Contract Number:	/4529-10 000 3 0000 (F)	are entre all annual and a graph of the contract of the contra	.,			
Contract Name:	Texas Pregnancy Care Network					
TIN:	/17608					
Mail Code:	The state of the s	and an area to the same is reasonable to . I have to a previous real real real real real real real real	·	a t makan sabad di Pilishir di yamil para binang nagba gi seti ang d		
Purchase Order Number:	\$52900 (
	Month of Service: March 2016	Amount:	\$	762,500.00		
	Month of Service:	Amount				
	Month of Service:	Amount:				

	Control of the Contro	face 200 hair congress and construction
Invoice Received Date:	16	Fotal Amount:
Daymant Disa Or of Rafores	20 - 2016	1.4 - 67.60 (500.00)
	MILITAL ZVIO	. 8 10 23 CONTO

CONTACT		DATE
Proparer's Name:	Andrea Costley	3/1/2016
Preparer's Phone:	512-206-5624	
A 1.4 \$ \$1.5, \$1.50 B; 1255ab to \$45.5 Whitehological approximation from		distinguish a daga si a tara a daga a sa
FINANCIAL MANAGER		DATE
Beth Zahn	Branky	3/1/2018
512-206-5111		- ,
SIGN-OFF.		DATE
Agency Contact/Preparer's Signature:	- $ -$	

5mB 3/14/16



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN) 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network 1101 S. Capital of Texas Highway Building K, Suite 250 Austin, TX 78746

Taxpayer ID No. 76-0802397 Amounts due may be remitted by Electronic Funds

To: Business Bank of Texas, N.A. 1910 W. Braker Ln Building 3, Suite 100 Austin, TX 78758 Routing No. 114925615 Account: Texas Pregnancy Care Network 1005126

Invoice Number: TPCN-12.7

Invoice Date: February 25, 2016 Due Date: March 31, 2016

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001F

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about February 29, 2016 (attached).

Payment 12.7: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: March 31, 2016

\$762,500.00

Amount Due

\$762,500.00

Section 1.06 Modification to Section 4.02 General Payment Terms.

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 for the work performed in accordance to this Amendment.

(a) Payment Methodology

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 as applicable.

(b) Payment Schedule

Payment No.	Description	Due Date	Amount
121/.	Project Admin; Statewide Information; Outreach; Education & Referral Programs & Services and Client Services	March: 31,2016	\$762,500:00;
12.8	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2016	\$762,500.00
12.9	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	May 31, 2016	\$762,500.00

ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, Four and Five shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Six, the Parties expressly understand and agree that Amendment Six is hereby made a part of the Original Agreement as though it were set out word for word therein.

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

	ayment Terms Freight Terms Ship Via			Purchase Order 52900-6-000088840			
for Profession for the forth in become guarant numbers	ertised by incoposal; all some the advert a part of the dees goods or add purchase of the design of	formal bid, Invitation pecifications, terms, isement and vendor's is numbered purchase services delivered rder requirements.	for Offer,or Request and conditions set conforming responses order. Contractor	11/12/2015 Ship To:	Revision	Page 916 1 fugee	
must be	identified	with our Purchase Ord	er Number.		United States		
TEX. 1101 STE	S CAPITAL O K250	CY CARE NETWORK		Bill To: Phone: Fax: Email:	Invoice-HHSC Accounting HEALTH & HUMAN SERVIO 4900 N Lamar Blvd Austin TX 78751 United States 512-424-6518 512-424-6901 HHSC_AP@hhsc.state.tx.u		
				Purchaser:	Kessler,Autumn (PCS)	512,406,2563	
Line-Sch	Inventory Item	D - Line Description	Class-Item C	uantity UOM		ded Amt Due Date	
1- 1	number 529-1	terms of contract 0-0013-00001E from 2015 through	962-58	1.00LOT :	3,050,000.00000 3,050	0,000.00 11/12/2015	
			Sc	hedule Total	3,050	,000.00	
	Contract ID:	529-10-0013-00001	Contract Line:	0 F	Release: 8		
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2- 1	number 529-1	terms of contract 0-0013-00001F from 2015 through	952-01	1.00LOT	2,287,500.00000 2,287	,500.00 03/16/2016	
	00,01,101			hadula Tatal			
				hedule Total		7,500.00	
	Contract ID:	529-10-0013-00001	Contract Line:	0 F	Release: 9		
			lte	m Total for Lir	ie 22,287	,500.00	
			То	tal PO Amoun	t 5,337	7,500.00	
		77.1.7.					

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

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